

RESOLUTION IN SUPPORT OF HOUSE BILL NO. 5603

WHEREAS the Michigan House of Representatives Committee on Health Policy is considering HB 5603 introduced by the Honorable Virgil Smith and referred on January 24, 2006; and

WHEREAS the bill if enacted would provide for the establishment of a Reflex Sympathetic Dystrophy/Complex Regional Pain Syndrome (RSD/CRPS) Work Group (Work Group) composed of public and private sector members; and

WHEREAS the Work Group will be charged with developing and coordinating and RSD/CRPS education and awareness program; and

WHEREAS according to the Reflex Sympathetic Dystrophy Syndrome Association (RSDSA). RSD/CRPS is a chronic neurological syndrome characterized by sever burning pain, pathological changes in bone and skin, excessive swcating, tissue swelling and extreme sensitivity to touch; and

WHEREAS according to the RSDSA, RSD/CRPS "is not a rare disorder and may affect millions of people in this country";

WHEREAS the Detroit City Council has received and heard testimony from a city resident as well as from the Honorable Virgil Smith, speaking to the debilitating and painful nature of this disease and the need for an education/awareness program;

NOW THEREFORE, BE IT RESOLVED, that the City Council of the City of Detroit supports the passage of House Bill 5603:

AND BE IT FURTHER AND FINALLY RESOLVED, that copies of this resolution be forwarded to Governor Jennifer Granholm, Mayor Kwame Kilpatrick, the Michigan Senate leadership, the Detroit delegation, Representative Virgil Smith, Ms. Marge Malarney and Mr. Kenneth Cole, Lansing Lobbyist.

BARRY W. FELDMAN, M.D., FACP

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ASSISTANT PROFESSOR OF MEDICINE, WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE

February 22, 2006

To Whom It May Concern:

I have had the opportunity in caring for many individuals having Reflex Sympathetic

Dystrophy (RSD). This particular disease causes extreme disability on many levels.

Those that are unfortunate enough to suffer from it experience chronic neuropathic pain

with little chance of relief with current treatment modalities. They also have a very high

incidence of depression secondary to their inability to control pain. The social

ramifications of this disease are many, including loss of employment and loss of consort

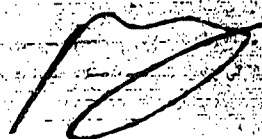
in families.

I feel that the current systems in place for handling these patients are limited and need to

be expanded. Anything that can be done at a state or local level would have a beneficial

impact on our communities.

Sincerely,



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3901 Beaubien
Detroit, MI 48201-2196

February 21, 2006

Re: Michigan House Bill No. 5603

To Whom It May Concern:

Our pain management practice sees several children with CRPS. This disorder is a chronic pain syndrome with two forms. **CRPS 1** replaces the term "Reflex Sympathetic Dystrophy" (RSD). CRPS 1 is associated with severe pain in the arms or legs after a minor or major injury. There is an increased sensitivity to touch in the affected limb. **CRPS 2** replaces the term "causalgia." Symptoms of this disorder are similar to CRPS 1, but there is an identified injury to a nerve. Unfortunately treatment of CRPS is often delayed due to failure to recognize this disorder in its early stages.

I support this legislation that would establish a work group to develop and coordinate an educational program, for both healthcare professionals and the general public, about this disorder.

Debashish Bhattacharya, MD
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I was a factory worker and the company I worked for bought us metatarsal boots and I ended up with a bunion. I never had bunions or any problem before the boots. I went and had it removed on February 27, 2004 and the next day I knew something was wrong just did not know I had CRPS/RSD. When I asked the doctor that did the surgery what the problem was, he said I don't know. All he did was an X-ray then one of the screws loosened up, the pain was bad. . Now I decided to go to the demo to have a metal test to see if it is the screws. The test is negative. Still hurting still asking question and no answers in sight. I went to see an Or tho not knowing that the bone was not healed right and will never heal. This Or tho Doctor told me I never treated a person with this but I think you have RSD and he told me to see the neurology and pain clinic. This Doctor also told me he did not care what anybody said don't let anybody remove the screws. I went to the neurology and they said I think you have RSD and later said it is RSD. I went to the pain clinic. The pain clinic was a joke. I ended back at the Or tho this doctor told me that fixing bones was his life and he would not so much touch my foot. I felt like____. Not knowing what to do or where to go about my foot. I ended back to the foot doctor he told me I will inject your foot and take the screws out and there is nothing I can do for you... I left and went to another hospital they knew something about RSD and I started treatment. I search and ask all types of people if they knew anything about this disorder and all I heard was what is it never heard of it before. I found out that it affects men women and children. I became very angry once I found out the affect it has on children. I started researching for information myself. I say this now the Lack of knowledge kills the mind body and soul Mr. Virgil Smith, this state is in need of a RSD bill and I will not stop writing, calling emailing or faxing information until it is done. I will be Like a train with bad brakes.

If you have any question please call 313 861 6791
Thank you,
Jannie J. White



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Tara Long Scott, DPM FACFAS

Melanie R. Jessup, DPM AACFAS

Sylvia L. Loving, DPM

February 28, 2006

To: Representative Virgil Smith

Re: Bill Number 5603-CRPS/RSDS Awareness

Dear Representative Smith,

This letter is being written in support of bill number 5603. Complex Regional Pain syndrome, also known as Reflex Sympathetic Dystrophy Syndrome (CRPS/RSDS), is a disease process that has been overlooked, misunderstood, and misdiagnosed for too many years. Developing a program which promotes increased awareness and education among healthcare providers, patients, and the general population is vital in improving the prognosis of individuals who have been stricken with this disorder.

CRPS/RSDS is a poorly understood condition characterized by chronic, severe pain and progressive changes in the skin, muscle and bone. It's thought that these changes stem from an imbalance in the sympathetic nervous system and is often triggered by some form of trauma or insult (ex. surgery). The pain that patients report is out of proportion to the severity of the injury, and gets worse rather than better over time.

There are three stages associated with CRPS/RSDS. Stage 1 lasts for about 3 months and is characterized by severe burning pain, muscle spasm, joint stiffness, restricted mobility, and constriction of blood vessels that affects color and skin temperature changes. In Stage 2, which last from 3-6 months, the pain intensifies. The swelling spreads, and osteoporosis becomes severe and diffuse. The joints also thicken, and muscles atrophy. As the patients reach Stage 3, changes in the skin and bones become irreversible, and the pain becomes unyielding and may involve the entire limb.

Treatment options include drug therapy, sympathetic nerve blocks, chemical or surgical sympathectomy, physical therapy and other methods which help control pain and improve the patient's quality of life.

As a podiatric surgeon, I have been exposed to numerous clinical situations in which I have been able to diagnosis and obtain appropriate treatment for the patients within a reasonable period of time. However, many have come to my office for an initial visit months after the symptoms originated, and their prognosis significantly changes for the worse. The most common cause for the delay in the diagnosis is the physician's inability to recognize the symptoms - assuming the patients have a low pain tolerance or relating the chronic pain to delayed healing of the original injury.

I have personally witnessed the devastation of this disease process. I've seen patients regress from vibrant, healthy, productive individuals to a living in a state of tremendous disability and depression. Patients have lost their jobs, their independence and their ability to function normally on a daily basis. The family relationships have also become strained.

The implementation of this bill is a wonderful start in turning the page on the devastation that CRPS/RSD has created. The patients have the best prognosis if the disease process is recognized and treated within the first three months. By increasing awareness and educating the public - especially health care providers and patients - it greatly increases the patient's chances of regaining a normal, productive and healthy life.

Thanks for your time and consideration.

Sincerely,

Tara L. Scott, DPM FACFAS